

## Key Terms

Need help navigating insurance? Familiarize yourself with these common terms:

**Deductible:** The amount you pay for covered health care services before your insurance plan starts to pay.

**Copayment:** A fixed amount you pay for a covered health care service after you've paid your deductible.

**Coinsurance:** The percentage of costs of a covered health care service you pay after you've paid your deductible.

**Premium:** The amount you pay for your health insurance every month.

**Allowed Amount:** The maximum amount a plan will pay for a covered health care service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

**In Network:** The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

**Out of Network:** The facilities, providers, and suppliers outside of your plan's network.

**Out-of-pocket Costs:** Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

**Preventive Services:** Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

**Facility Fee:** Covers the cost of the resources and services provided by the healthcare facility. Typically associated with hospitals, outpatient centers, or hospital-owned clinics.

**Provider Fee:** Pays for the medical professional's expertise and services. Includes private practices, clinics, and hospitals.